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Complete if Known Substitute for form 1449/PTO Application Number 10/710,502 Filing Date 07/15/2004 INFORMATION DISCLOSURE First Named Inventor Li Li STATEMENT BY APPLICANT Art Unit 2131 (Lise as many sheets as necessary) Examiner Name NA Sheet 1 <u>of</u> 1 Attorney Docket Number | ACMP0124USA

| Examiner | Cite | Document Number | Publication Data | F DOCUMENTS Name of Patentee or Pages, Columns, Lines, Where | | |
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| Initials" | No." | Number-Kind Code ^{2 pr} | MM-DD-YYYY | Applicant of Cited Document | Relevant Passages or Relevan Figures Appear | |
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